

# 2016 FALL VOLLEYBALL LEAGUE

90 E. Civic Center Drive, Gilbert, AZ 85296 • (480) 503-6200



**DIVISIONS:** Co-Ed Upper A and Co-Ed Upper B.....Monday evenings.

**SEASON:** Begins Monday, September 12 and continues through late November.  
(includes league play and single-elimination tournament).

**LOCATION AND LEAGUE FEE:** Games played at South Valley Junior High School, 2034 S. Lindsay Road.  
\$280 per team. Make check payable to: Gilbert Parks and Recreation.

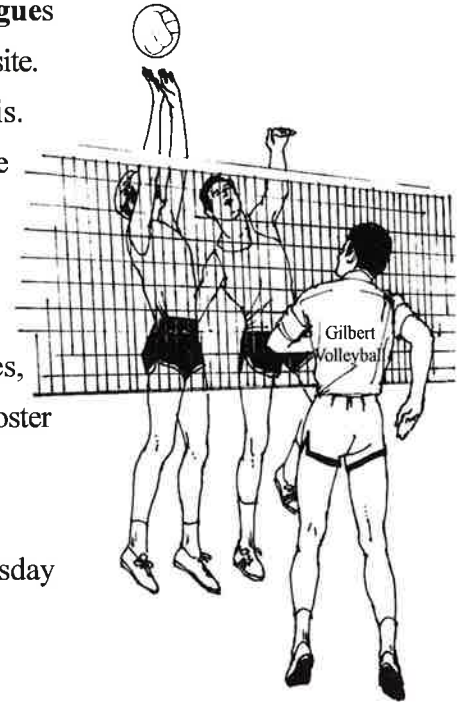
**REGISTRATION:** Teams may register August 1-September 1 or **until leagues fill**. Teams can utilize the fillable form available on the website. Team registration is on a first come, first served basis. Registration begins at 7am and walk-in customers take priority over managers calling in a credit card or using e-mail. Payment is due at time of registration.

**ROSTERS:** Minimum of 6 players - maximum 12. Players' names, addresses, phone numbers, and signatures are required. Roster changes up until the start of each team's third game.

**OFFICE HOURS:** Gilbert Parks and Recreation hours are Monday - Thursday  
7am- 6pm, closed Fridays.

**DEADLINE:** Completed rosters and league fees are due by September 1 at 6pm, or **until leagues fill**.  
E-mail using the fillable form on-line, drop off or mail registration to:  
**Gilbert Parks and Recreation, 90 E. Civic Center Drive, Gilbert, AZ 85296.**

**SEASON INFO:** Begins September 12 through November. Games run 6:30-10:30pm Monday evenings.  
Call the Gilbert Parks and Recreation Department at (480)503-6200 or visit our website at:  
[www.gilbertaz.gov/adultsports](http://www.gilbertaz.gov/adultsports)



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PARKS & RECREATION

**VOLLEYBALL TEAM ROSTER**

90 E. Civic Center Drive, Gilbert, AZ 85296 • (480) 503-6200

**TEAM INFORMATION** *(Please print)*

Team Name: \_\_\_\_\_ Manager email: \_\_\_\_\_

Division: (Please specify) Co-Ed Upper "A" \_\_\_\_\_ Co-Ed Upper "B" \_\_\_\_\_

Manager: \_\_\_\_\_ Phone (wk) \_\_\_\_\_ (hm) \_\_\_\_\_ (cell) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**ASSUMPTION OF RISK & RELEASE OF ALL CLAIMS & NOTICE**

I allow my child and/or myself, to participate in this program. We release the Town of Gilbert and its employees of any liability, claims or demands, which we may hereafter have as a result of participating in recreational activities, using recreational facilities, or being transported to events as part of this program. I understand that the Town of Gilbert has no medical insurance for this program. I understand there are risks involved with strenuous physical exertion as part of this program, including serious injury. I certify that my own physical condition is satisfactory to participate in physically demanding activities. I am at least 16 years of age. I also give my permission for any photos/video taken of participants to be used by the Town of Gilbert. I verify that all information provided is correct, and agree that the Town of Gilbert may require proof. I understand that providing incorrect information including but not limited to participant date of birth and address is grounds for removal from the program and may result in suspension of the privilege to participate in future programs.

Player's Name (Please Print)	Address	City	Zip	Phone	Signature
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

As the representative of my team, I have read and agree to all the rules and regulations of the Gilbert Parks and Recreation Program. I verify that to the best of my knowledge all information given on this form is true and accurate.

\_\_\_\_\_  
Manager's Signature\_\_\_\_\_  
Date